

Department of the Treasury Internal Revenue Service

**Return of Private Foundation** 

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public.

OMB No 1545-0047

Open to Public Inspection ► Go to www.irs.gov/Form990PF for instructions and the latest information.

amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)  1 Contributions, gifts, grants, etc., received (attach schedule) 2 Check    fi the foundation is not required to attach Sch B 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain 9 Income modifications 10a Gross sales less returns and allowances typeue Service b Less: Cost of goods sold eceived. SB Bank - USB 11 Other income (attach schedule) 12 Total. Add lines 1 through 11 INV 1392,376 13 Compensation of officers (directors, trustees, etc.) 14 Other employee salates and wages 16 Legal fees (attach schedule) 15 Depreciation (attach schedule) 16 Legal fees (attach schedule) 17 Interest 18 Taxes (attach schedule) (see instructions) 19 Depreciation (attach schedule) and depletion 20 Occupancy 21 Travel, conferences, and meetings 23 Other expenses (attach schedule) 24 Total operating and administrative expenses. 25 Contributions, gifts, grants paid			idar year 2019 or tax year beginning	, ,	2019, and		1.46.4	, 20			
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303-495-1200   C   If exemption applications perhaps on the province, country, and 2P or foreign postal code   C   If exemption applications perhaps, check here and studies or powner, country, and 2P or foreign postal code   C   If exemption applications perhaps, check here   C   If exemption applications   C   If				<del></del>							
Greenwood Village, CO 80111-5024  Greenwood Village, CO 8011-5024  Greenwood Village, CO	Nun	nber and	d street (or P O box number if mail is not delivered to street address)	ļ f	Room/suite	B Telephoi	ne number (see instruct	ions)			
Greenwood Village, CO 80111-5024  G Check all that apply   Initial return   Amended return	636	3 S Fic	ddlers Green Cir, 14th Fl				303-495-1200	)			
G Check all that apply:   Initial return   Amended return	City	or town	, state or province, country, and ZIP or foreign postal code			C If exemp	tion application is pend	ling, check here ▶ □			
G Check all that apply:   Initial return   Initial return	Gre	enwoo	od Village, CO 80111-5024				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Grain return   Anddress change   Name change				n of a former pu	iblic charity	D 1. Foreio	in organizations, check	here ▶ □			
Address change							•	_			
Check type of organization											
Section 4947(a)(1) nonexempt chantable trust	H	Chack	<u></u>		_						
Fair market value of all assets at end of year (from Part II, col. (c), line 16) ► \$ 437,903 (Part I, column (d), must be on cash basis)   F if the foundation is in a 60-month termination of year (from Part II, col. (c), line 16) ► \$ 437,903 (Part I, column (d), must be on cash basis)   F if the foundation is in a 60-month termination of year (from Part III)   Part II   Analysis of Revenue and Expenses (The total of a wexpenses per books   Part III   Part											
end of year (from Part II, col. (c), line 16) ► \$ 437,903   Other (specify)   Indeed section 507(b)(1)(8), check here   Analysis of Revenue and Expenses (the total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)    1 Contributions, grifts, grants, etc., received (attach schedule)   2 Check ► of the foundation is not required to attach Sch B   3 Interest on savings and temporary cash investments   4 Dividends and interest from securities   5a Gross rents   5a Gross rents   5a Her tental income or (loss)   6a Net gain or (loss) from sale of assets not on line 10   b Gross sales price for all assets on line 6a   7a Capital gain net income (from Part IV, line 2)   8 Net short-term capital gain   10a Gross sales less returns and allowables (specially)   5a Bank - USB   5a Consport or (loss) (attach schedule)   7a Total. Add lines 1 through 11 NOV   7a Total. Add lines 1 through 12 NO				}		_					
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2 Check			the amounts in column (a) (see instructions) )		A Shari and		- 12 + 12 + 12 + 12 + 12 + 12 + 12 + 12	(cash basis only)			
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19   Depreciation (attach schedule) and depletion   20   Occupancy   21   Travel, conferences, and meetings   23,220     22   Printing and publications   23   Other expenses (attach schedule)   24   Total operating and administrative expenses.   Add lines 13 through 23   194,497   1   1   1   1   1   1   1   1   1	Sis			12,	959			12,959			
20 Occupancy	Ξį	19	Depreciation (attach schedule) and depletion					70.5% (A.)			
Travel, conferences, and meetings	ģ	20									
22 Printing and publications	<b>₹</b>	21	Travel, conferences, and meetings	23,	220			23,220			
23 Other expenses (attach schedule)	ž	22	Printing and publications								
24 Total operating and administrative expenses. Add lines 13 through 23  25 Contributions, gifts, grants paid  26 Total expenses and disbursements. Add lines 24 and 25  388,218	رق	23	Other expenses (attach schedule)	124,	171			124,171			
Add lines 13 through 23	Ë	24									
25 Contributions, gifts, grants paid	ā			194.	497		,	194,497			
26 Total expenses and disbursements. Add lines 24 and 25 358,218 3	d	25	<del>-</del>		S84 . 17 . 1720	KAN YAKA	\$6.046 \$465 \$7.00 \$7.50	163,721			
· · · · · · · · · · · · · · · · · · ·	0	1					A CONTRACTOR OF THE PROPERTY OF	358,218			
27 Subtract line 26 from line 12:	_			330,	FRE.			330,210			
a Excess of revenue over expenses and disbursements 34,157			•	24	157						
b Net investment income (if negative, enter -0-)			·			m in muchical					
c Adjusted net income (if negative, enter -0-)	1					folyggar salu	-DINI COF	RES			
For Paperwork Reduction Act Notice, see instructions.  Cat No 11289X  Cat No 11289X	E					1751	A: 1\:-1:1:1	S QQO PE COLO			

JUL 1 3 2021 023

Pa	art II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	of year	
		should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value	
	1	Cash non-interest-bearing	360,158	364,805	364,805	
	2	Savings and temporary cash investments				
	3	Accounts receivable ►			74-70 P 44-56 ( 2.2)	
		Less: allowance for doubtful accounts ▶	3,000	64,098	64,098	
	4	Pledges receivable ▶			<b>新疆外沿地区</b>	
		Less¹ allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach schedule) ▶	A-100		7.5	
		Less allowance for doubtful accounts ▶				
S	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges		1,500	1,500	
Asi	10a	Investments—U S and state government obligations (attach schedule)			1,500	
1	b	Investments—corporate stock (attach schedule)				
	c	Investments—corporate bonds (attach schedule)				
	11	Investments—land, buildings, and equipment. basis ▶			**************************************	
	' '	Less accumulated depreciation (attach schedule)				
	12	Investments—mortgage loans				
	13	Investments—other (attach schedule)				
	14	I and buildings and annuarist basis b	X.10.30 35 35 X X X X	4.05%:256%:25%	10623	
	' '	Less. accumulated depreciation (attach schedule) ▶		21.761 S. 22.25 VE 21.75 S.		
	15	Other assets (describe ► Due from AMR )		7,500	7,500	
	16	Total assets (to be completed by all filers—see the		7,300	7,300	
	''	instructions. Also, see page 1, item I)	363,158	437,903	437,903	
_	17	Accounts payable and accrued expenses		5,788	JP2403 1 73 JW07 W. C. JR 18728 1 4327 8	
	18	Grants payable		3,700	363.3 2 2 2 2 3 3 3 3 3	
es	19	Deferred revenue				
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			4704723343	
ap	21	Mortgages and other notes payable (attach schedule)	·		Park at Landon Andrews	
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	23	Other liabilities (describe ►)  Total liabilities (add lines 17 through 22)	0		A CONTRACTOR OF THE CONTRACTOR	
10	20	Foundations that follow FASB ASC 958, check here			ne ses or chartenaria RANGELE G. A. G. SELEC	
-und Balances		and complete lines 24, 25, 29, and 30.				
ă	24	Net assets without donor restrictions	242 450	267 214		
Sal	25	Net assets with donor restrictions	313,158			
	23	_	50,000		197-20 ( 2011 ) A 1-12 ( 2011	
Ĕ		Foundations that do not follow FASB ASC 958, check here ►				
_	26	and complete lines 26 through 30.				
ō	26	Capital stock, trust principal, or current funds				
ţ	27	Paid-in or capital surplus, or land, bldg, and equipment fund			12525 A. G	
SS	28	Retained earnings, accumulated income, endowment, or other funds		34,157	. B. 200 (1990)	
۲	29	Total net assets or fund balances (see instructions)	363,158	432,114		
Net Assets or	30	Total liabilities and net assets/fund balances (see	407.000			
	rt III	Anglysis of Changes in Net Assets or Fund Relances	437,903	***************************************		
		Analysis of Changes in Net Assets or Fund Balances	A			
1		I net assets or fund balances at beginning of year-Part II, colu				
_		of-year figure reported on prior year's return)		363,158		
_		r amount from Part I, line 27a		2	34,157	
3		er increases not included in line 2 (itemize) Prior Year Adjustmen	nt 	3	34,799	
		lines 1, 2, and 3		4	432.114	
5		reases not included in line 2 (itemize)	5 4 111 7.5	5		
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5)-I	-art II, column (b), lir	ne 29 <b>6</b>	432,114	

Part	V Capital Gains and	d Losses for Tax on Investm	nent Ir	ncome					
	(a) List and describe the ki 2-story brick warehou	(b) How acquired P-Purchase D-Donation		Oate acquired o , day, yr)	(d) Date sol (mo , day, y				
1a									
<u>b</u> _									
<u>C</u>		·				<u> </u>			_
d	<del></del>								
<u>е</u>		<del></del>			<del>-</del>				
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		(g) Cost or plus exper			(h) Gain or (loss) ((e) plus (f) minus (g))		
<u>a</u>								·	
<u>b</u> _					. <del> </del>	<b> </b>			
_ <u>c</u>								<del></del> -	
<u>d</u>	· · · - · · · · · · · · · · · · · · · ·								
<u>е</u>	Complete only for spects she	owing gain in column (h) and owned	bu tha f	oundation	on 12/21/60				
	Complete only for assets sitt		by the i					(h) gain minus less than -0-) or	
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		(k) Excess over col				om col (h))	
a					<u> </u>				
<u>_</u>		<del></del>							
d									
- ē							<del></del>	·	
		, , , , , , ( If gain	also er	nter in Par	t I. line 7				
2	Capital gain net income o	If (loss),	, enter	-0- ın Par	t I, line 7	2			
3	If gain, also enter in Part	n or (loss) as defined in sections I, line 8, column (c). See instru	ctions.	If (loss),					
Part	V Qualification Und	ler Section 4940(e) for Redu	· ·	ov on N	ot Investment	_3 <u> </u>			
	<del></del>								
(For o	ptional use by domestic pri	vate foundations subject to the s	section	1 4940(a) t	ax on het invest	ment	income.)		
lf sect	ion 4940(d)(2) applies, leav	e this part blank.							
\A/aa +I	ha faundation liable for the	section 4942 tax on the distribut	tabla a	mount of	any year in the l	2200 0	oriod?	☐ Yes 🗸	l Na
		qualify under section 4940(e) Do				Jase L	eriou :	□ res Œ	, 140
1		ount in each column for each year				akına	any entries		
	(a)		1, 300	the made		<u> </u>		(d)	
Cale	Base period years andar year (or tax year beginning in	(b) Adjusted qualifying distributions	s	Net value of	(c) nonchantable-use a	ssets		ribution ratio livided by col (c))	
	2018	<del></del>	6,158		39	4,049		1.0054	
	2017		6,833			5,606		0 8667	
	2016	· <del></del>	9,959			0,971		0.6891	
	2015	<del></del>	0,879			0,445		0.5087	
	2014		9,141			5,711		0.3847	
2	Total of line 1, column (d)						2	3	4546
3	Average distribution ratio	for the 5-year base period-div	ide the	total on	line 2 by 5.0, or	· by			
		oundation has been in existence					3		6909
4	Enter the net value of non	charitable-use assets for 2019 fr	rom Pa	rt X. line 5	<b>.</b>		4	ΔF	0,980
•	Enter the net value of her		O a			t			10,000
5	Multiply line 4 by line 3					. ]	5	31	1,582
6	Enter 194 of not investmen	nt income (194 of Bort Lline 27h)	١			İ	6		^
6	Enter 170 of het investmer	nt income (1% of Part I, line 27b)	, .			•		<u>.                                    </u>	0
7	Add lines 5 and 6						7	31	1,582
8	Enter qualifying distribution	ons from Part XII, line 4				.	8	35	3,008
	If line 8 is equal to or great	ater than line 7, check the box in	Part V	/I, line 1b,	and complete t	hat pa	art using a 1		
	Part VI instructions.								

Part	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—	see	instru	ction	<u>1S)</u>
1a	Exempt operating foundations described in section 4940(d)(2), check here ► and enter "N/A" on line 1.  Date of ruling or determination letter (attach copy of letter if necessary—see instructions)				
h	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1		<u>vera.</u>	*
	here Dand enter 1% of Part I, line 27b	MEN .	大学的	· (28%)	246734
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of		**************************************		
•	Part I, line 12, col. (b)	. 1			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2			
3	Add lines 1 and 2	3			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	4			
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	5 8 80 0	Maria Maria	(.55 <u>.45</u> .20	<u>#189514</u>
6	Credits/Payments:		. 1	u Voc	
a	2019 estimated tax payments and 2018 overpayment credited to 2019 . 6a	**************************************			
b	Exempt foreign organizations—tax withheld at source			9	
C	Tax paid with application for extension of time to file (Form 8868)				
_d	and the state of t			Yezo	
7	Total credits and payments. Add lines 6a through 6d	7 8			
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	9			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	10			
10		11			
11 Post	Enter the amount of line 10 to be: Credited to 2020 estimated tax ► Refunded ►  VII-A Statements Regarding Activities	<u>'' 1</u>			
	<del></del>		お発用等	Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or diparticipate or intervene in any political campaign?		1a	163	<del></del>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See instructions for the definition	the	1b		✓
	If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any mater published or distributed by the foundation in connection with the activities	rıals			
С	Did the foundation file Form 1120-POL for this year?	•	1c	÷ 1 - 1∕26.**	L Resident
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		No.		NO.
	(1) On the foundation. ▶ \$ (2) On foundation managers ▶ \$			S. D. W.	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax impositions the second sec	ea	\$250.5 2004.3		
_	on foundation managers. > \$		32.0		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	•	2	38.45×6	<del>V</del> <del>Voi Nal</del>
3	If "Yes," attach a detailed description of the activities.  Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, arti-	cles	i di A		
Ū	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		<u> </u>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	•	4a		
b	If "Yes," has it filed a tax return on Form 990-T for this year?	•	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	•	5	hijak ila	<u>√</u> }~ <u>₹~₹7</u>
^	If "Yes," attach the statement required by General Instruction T.			t distant Social	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
	By language in the governing instrument, or	فيطه		1.0000 g	
	• By state legislation that effectively amends the governing instrument so that no mandatory directions conflict with the state law remain in the governing instrument?		6	<u> </u>	2321 
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part II, col. (c	rt XV	7	<b>✓</b>	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.				
	Delaware, Colorado		10.5		130
Ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Gen (or designate) of each state as required by General Instruction G? If "No," attach explanation		8b	<b>✓</b>	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3 4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "You complete Part XIV	3) or	9	/	<u> </u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing t	heir			
	names and addresses		10	✓	
			00	OBE	

Far	Statements Regarding Activities (continued)			
_		.BX	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11		1
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified	40		1
13	person had advisory privileges? If "Yes," attach statement. See instructions	12	1	-
	Website address ► N/A			
14	The books are in care of ▶ Susan Morris Telephone no. ▶ 3	03-495-	1200	
		80111-5	024	<u></u>
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here	•	•	▶ □
40	and enter the amount of tax-exempt interest received or accrued during the year ▶ 15	<del></del> -	Yes	No
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	162	110
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of		15234	133
	the foreign country ►	198730 -10 50 de	**************************************	
Par	VII-B Statements Regarding Activities for Which Form 4720 May Be Required	L. sty st see		,
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	\$250 CO	Yes	No
1a	During the year, did the foundation (either directly or indirectly)  (1) Engage in the sale or exchange, or leasing of property with a disqualified person?   \[ \subseteq \text{Yes}  \text{V} \text{No} \]			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes	<b>沙水</b>		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	變強		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	1000		
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
b			-15 mg	
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions  Organizations relying on a current notice regarding disaster assistance, check here	1b	40.00	28/00/26
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	15,300.54		
	were not corrected before the first day of the tax year beginning in 2019?	1c	2.422.303	(100 × 10 × 10
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		ŤŽ	
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			
•	6d and 6e) for tax year(s) beginning before 2019?	44		20
	If "Yes," list the years ▶ 20 , 20 , 20 , 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	4		
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions.)	ا دستنستا مام		3.783
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	2b	A A	Territo
·	► 20 , 20 , 20 , 20	1		d v
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the			
	foundation had excess business holdings in 2019.)	3b	nama.Ki	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	40 n -:	1
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		✓

Form 9	990-PF (2019)										ı	age <b>6</b>
Par	t VII-B	Statements Regarding Activitie	s for V	Vhich Form	4720	May Be F	Require	ed (conti	nued)			
5a	During the	year, did the foundation pay or incur	any am	nount to.						i jakon	Yes	No
	(2) Influer	on propaganda, or otherwise attempt nce the outcome of any specific publi y or indirectly, any voter registration di	c elect	ion (see sect	ion 495	55); or to c	arry on		☑ No			
		• • •						☐ Yes ☐ Yes	✓ No	X.38.	STANKE ST	
		le a grant to an individual for travel, stu le a grant to an organization other tha						_	✓ No			
		n 4945(d)(4)(A)? See instructions			-			☐Yes	✓ No			
		le for any purpose other than religious ses, or for the prevention of cruelty to				ary, or edu		∏Yes	✓ No	2.40°		
b	•	wer is "Yes" to 5a(1)–(5), did any of the close section 53.4945 or in a current no			-	-			_	8 3		
	_	ions relying on a current notice regard		-					▶□	1	Kr.	n air
С	c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the table because it maintained expenditure responsibility for the grant?						the tax	〈 □Yes	□No			
		ttach the statement required by Regul								78.78	in.	
6a		undation, during the year, receive any		-			emiums	s _	_	他的		
	•							☐ Yes	☑ No	227779000		
b		undation, during the year, pay premiur	ns, dire	ectly or indire	ctly, on	a persona	benefi	t contract	?.	6b	N 151	<b>√</b>
_		6b, file Form 8870				1 14						
_		e during the tax year, was the foundation									MAN Y	
b		lid the foundation receive any proceed							17	7b	8 2 3 A 4	1. E. C.
8		ndation subject to the section 4960 ta		•					<b>.</b>			
Day		tion or excess parachute payment(s) d							V No	- Wet-47W-5	,AS 36	<u> ikan</u>
Par		nformation About Officers, Direct	tors,	irusiees, r	ounda	LIUII IVIAII	agers,	riigiliy r	alu E	mpioy	ees,	
		and Contractors ficers, directors, trustees, and found	lation	managers at	nd their	compans	ation 5	See instr	Ictions			
	List all O	(a) Name and address	(b) Titl	e, and average irs per week led to position	(c) Co	mpensation not paid, nter -0-)	(d) emple	Contribution oyee benefit erred compe	s to plans	(e) Expe	nse aco	
Randy	Strozyk				<del></del>							
	Gateway, So	Pattle, WA	Preside	ent	1		i					
	Morris		1									,
6363 5	S Fiddlers Gi	een Cir 14th Fl, Greenwood Village, C	Treasu	rer			Ì					
Sean												
6363	S Fiddlers G	reen Cir 14th Fl, Greenwood Village, C	Secret	ary								
	· • • • • • • • • • • • • • • • • • • •											
2	Compens	ation of five highest-paid employe	es (oth	er than tho	se incl	uded on li	ne 1—	see instr	uctions	s). If no	one, o	enter
	(a) Name and	address of each employee paid more than \$50,00	00	(b) Title, and a hours per to devoted to p	week	(c) Compe	nsation	(d) Contribution of the compensation of the co	benefit deferred	(e) Expe		
N/A												
	<del></del>			-								
			·									
						]						
											•	
						<u> </u>		-				
				}		ł		ł				

Total number of other employees paid over \$50,000

Par	t VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Em and Contractors (continued)	ployees,
3	Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE	33
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
N/A		<del> </del>
		<del></del>
	I number of others receiving over \$50,000 for professional services	
	t IX-A Summary of Direct Charitable Activities	
Lis or	it the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of ganizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1	National Association of EMS Physicians	
		36,500
2	EMS Asia	
		20,000
3	Yale New Haven Hospital	
		18,000
4	Oregon Tech Foundation	
		18,000
	t IX-B Summary of Program-Related Investments (see instructions)	
De	scribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1		
2		
_	other program-related investments. See instructions	
3		
Tota	Add lines 1 through 3	
Tota		orm <b>990-PF</b> (2019)
	r	-onn <b>330-F</b> F (2019)

Part	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign round	ations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
_	purposes:	1a	
a	Average monthly fair market value of securities	<del> </del>	457.046
b	Average of monthly cash balances	1b	457,84 <u>8</u>
C	Fair market value of all other assets (see instructions)		
d	Total (add lines 1a, b, and c)	1d	457,848
е	Reduction claimed for blockage or other factors reported on lines 1a and		
_	1c (attach detailed explanation)	<u> </u>	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	457,848
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	6,868
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	450,980
6	Minimum investment return. Enter 5% of line 5	6	22,549
Part	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating f and certain foreign organizations, check here ► ✓ and do not complete this part.)	oundation	15
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2019 from Part VI, line 5		
b	Income tax for 2019. (This does not include the tax from Part VI.)	1 [	
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	
Part	XII Qualifying Distributions (see instructions)	.t	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	358,218
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	358,218
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
-	Enter 1% of Part I, line 27b. See instructions	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	358,218
-	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculatin qualifies for the section 4940(e) reduction of tax in those years.	g whether	

		(a)	(b)	(c)	(d)
		Corpus	Years prior to 2018	2018	2019
1	Distributable amount for 2019 from Part XI, line 7				
2	Undistributed income, if any, as of the end of 2019				
а	Enter amount for 2018 only	•			
b	Total for prior years 20 , 20 , 20				
3 a	Excess distributions carryover, if any, to 2019: From 2014				
b	From 2015				
С	From 2016			~	
d	From 2017				
е	From 2018				
f	Total of lines 3a through e				
ŧ	Qualifying distributions for 2019 from Part XII, line 4. ▶ \$				
а	Applied to 2018, but not more than line 2a .				1
b	Applied to undistributed income of prior years (Election required—see instructions)				
С					
ď	Applied to 2019 distributable amount			•	<del>                                     </del>
	Remaining amount distributed out of corpus				<u> </u>
5	Excess distributions carryover applied to 2019	·			<del> </del>
	(If an amount appears in column (d), the same amount must be shown in column (a) )				
3	Enter the net total of each column as indicated below:		,		
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5		+		
b	Prior years' undistributed income. Subtract line 4b from line 2b	4			
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d	Subtract line 6c from line 6b Taxable amount—see instructions			<u>-</u>	
е	Undistributed income for 2018. Subtract line 4a from line 2a Taxable amount—see instructions				
f	Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be				
	distributed in 2020				
,	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)				
3	Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions).				
)	Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a				
)	Analysis of line 9:				
а	Excess from 2015				
b	Excess from 2016		,		
С	Excess from 2017				1
d	Excess from 2018				1
	Excess from 2019		1		ı

	00-PF (2019)		· · · · · · · · · · · · · · · · · · ·	·		Page <b>10</b>
Part	XIV Private Operating Founda	tions (see instru	ctions and Part \	/II-A, question 9	)	
1a	If the foundation has received a ruling foundation, and the ruling is effective for	•	•	orivate operating	9/1	1/12
b	Check box to indicate whether the fou		_	on described in se		(3) or 4942(j)(5)
	Enter the lesser of the adjusted net	Tax year	- <del>                                     </del>	Prior 3 years		
	income from Part I or the minimum investment return from Part X for	(a) 2019	<b>(b)</b> 2018	(c) 2017	(d) 2016	(e) Total
h	each year listed					<del></del>
	85% of line 2a					
•	line 4, for each year listed	250 240	200 125	440 022	489,959	1 004 145
d	Amounts included in line 2c not used directly for active conduct of exempt activities	358,218	396,135	446,833	489,959	1,691,145
۵	Qualifying distributions made directly					<del>                                     </del>
•	for active conduct of exempt activities.					
	Subtract line 2d from line 2c	358,218	396,135	446,833	489,959	1,691,145
3	Complete 3a, b, or c for the	338,210		7440,033	403,333	1,031,143
•	alternative test relied upon					
_	· ·	]				İ
· a	"Assets" alternative test—enter:		200 450	/	500.400	4 004 445
	(1) Value of all assets	358,218	363,158	434,910	583,102	1,691,145
	(2) Value of assets qualifying under section 4942(j)(3)(B)(j)					
	*** ***	358,218	363,158	434,910	583,102	1,691,145
b	"Endowment" alternative test-enter 2/3					
	of minimum investment return shown in Part X, line 6, for each year listed	1		ì	!	
С	"Support" alternative test—enter	<del></del>				
·						
	(1) Total support other than gross investment income (interest,					
	dividends, rents, payments on			1		
	secunties loans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt					
	organizations as provided in section 4942(j)(3)(B)(iii) .					
	(3) Largest amount of support from an exempt organization .					
	(4) Gross investment income .					
Part		n (Complete th	is part only if th	e foundation h	ad \$5,000 or me	ore in assets at
	any time during the year-		-		•	
1	Information Regarding Foundation	Managers:				
а	List any managers of the foundation of before the close of any tax year (but of	who have contribu				by the foundation
b	List any managers of the foundation	who own 10% or	more of the stock	of a corporation	(or an equally la	rge portion of the
	ownership of a partnership or other er	ntity) of which the f	foundation has a 1	0% or greater inte	erest.	
2	Information Regarding Contribution	, Grant, Gift, Loai	n, Scholarship, et	c., Programs:		
	Check here ▶ ☑ If the foundation				organizations and	does not accept
	unsolicited requests for funds. If the f	•	•			
	complete items 2a, b, c, and d See in	structions.				
a	The name, address, and telephone nu		ress of the person	to whom applicat	tions should be ac	ddressed:
_	,,,,,			- · · ·		
b	The form in which applications should	be submitted and	information and n	naterials they shou	uld include:	
	<del></del>					
С	Any submission deadlines:					
ď	Any restrictions or limitations on aw	ards, such as by	geographical are	as, charitable fie	lds, kinds of inst	titutions, or other
_	factors:	,	G = = G :=  a := == = = = = = = = = = = = = = = = =	,	, =	_, <del></del>
			_			

Total

Supplementary Information (continued)

Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual. Recipient Foundation show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year National Association of EMS Physicians NONE PC 4400 College Boulevard, Overland Park, KS 66211 Statement 36,500 PC **EMS Asia** NONE Statement 20,000 Oregon Tech Foundation, Inc. NONE PC 735 Commercial Street, Klamath Falls, OR 97601 Statement 18,000 Yale New Haven Hospital 20 York Street, New Haven, CT 06510 NONE PC Statement 18,000 Kent County Emergency Medical Service Inc. PC NONE 678 Front Avenue, Grand Rapids, MI 49504 Statement 18,000 **Maricopa County Community College District** Foundation 2419 W 14th Street, Tempe, AZ 85281 NONE PC Statement 18,000 Ventura College Foundation PC NONE 4667 Telegraph Road, Ventura, CA 93003 Statement 14,181 Disaster Management Institute Denver, CO 80230 NONE PC Statement 13,549 **Pueblo Community College** 900 W Orman, Pueblo, CO 81004 NONE PC Statement 4,000 **Arapahoe Community College EMS** 16000 E Centretech Pkwy, Aurora, CO 80111 NONE PC Statement 1,499 Loren Marshall Foundation PC PO Box 1940474, Anchorage, AK 99519 NONE Statement 1,075 **Aims Community College** 5401 W 20th Street, Greeley, CO 80634 NONE PC Statement 800 Save Live Sonoma 930 S A Street Santa Rosa, CA 95404 NONE PC Statement 118 За 163,721 Approved for future payment

, Pa	rt XVI	-A Analysis of Income-Producing Ac	MAINES				
Ente	er gros	s amounts unless otherwise indicated.		isiness income	Excluded by sect	on 512, 513, or 514	(e)
1	Prog	ram service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
•	a	Tan Gol Vice To College					
	ь _						
	- c				<del> </del>	·	
	d –	<del></del>					
	- е						
	f -					<del> </del>	<del></del>
	g F	ees and contracts from government agencies				···	
2	-	bership dues and assessments					
3		est on savings and temporary cash investments					
4		ends and interest from securities					
5	Net r	ental income or (loss) from real estate:				· ·	
		ebt-financed property					
	b N	ot debt-financed property	1				
6		ental income or (loss) from personal property					
7		r investment income					
8	Gain	or (loss) from sales of assets other than inventory					
9	Net ir	ncome or (loss) from special events					
10	Gross	s profit or (loss) from sales of inventory					
11	Othe	r revenue: a					
	b _			<u></u>			
	c _					<del></del>	L
	d _						
	e _						
		otal. Add columns (b), (d), and (e)			.,,		
		I. Add line 12, columns (b), (d), and (e)				13	
		sheet in line 13 instructions to verify calculation			. D		
	rt XVI e No.						
	<b>▼</b>	Explain below how each activity for which accomplishment of the foundation's exempt pur	poses (other that	by providing fun	ds for such purp	oses) (See instruc	tions)
						<del></del>	
	_						

Part	XVII	Informatio Organizati		nsfers to and Transaction	ns and R	elationshi	ps W	ith Noncha	ritabl		empt
1	in s			engage in any of the following 501(c)(3) organizations) of						Yes	No
а	Trans	sfers from the rep	porting foundation t	to a noncharitable exempt or	ganization	of.			l		ļ
	(1) C	Cash							1a(1)		1
		ther assets							1a(2)		1
b	Othe	r transactions:									
			a noncharitable ex						1b(1)	ļ	
				table exempt organization .		•	•		1b(2)		<b>✓</b>
			, equipment, or oth						1b(3)		<b>✓</b>
			-					•	1b(4)	-	<u> </u>
		oans or loan gua					• •	• •	1b(5)		<u> </u>
				hip or fundraising solicitation			•		1b(6)	<del> </del>	<u> </u>
C				ists, other assets, or paid em					1c	بـــــا	
	value value	of the goods, o	ther assets, or servion or sharing arrang	es," complete the following strices given by the reporting figement, show in column (d) to	oundation. the value of	If the found the goods	dation , other	received less assets, or se	than rvices	fair m	arket ved
(a) Line	no	(b) Amount involved	(c) Name of none	charitable exempt organization	(d) Descri	ption of transfe	ers, tran	sactions, and sh	aring arr	angeme	ents
				<del></del>	<del> </del>						
	-+				<del> </del>						
	-+		<del></del>		<del> </del>						
					<del>                                     </del>						
	-+		<del></del>	<del></del>	<del> </del>						
					†						
					<del> </del>						
					<del> </del>						
	_	<del></del>			<del> </del>						
	_							<del></del>			
					†						
					† <del></del>						
	$\neg$										
	_				† <del></del>						
2a	Is the	e foundation dire	ectly or indirectly a	affiliated with, or related to,	one or mo	ore tax-exe	mpt o	rganizations			
b		s," complete the	following schedule	ection 501(c)(3)) or in section	527? .		• •	· · · ·	☐ Ye	es 🗀	No No
		(a) Name of organi	ızatıon	(b) Type of organization			(c) Des	cription of relatio	nship		
				<u> </u>							
	T			<u> </u>			44 41 .		4	hali f	4 :
Sign Here	corre			ed this return, including accompanying nan taxpayer) is based on all information				May the I with the p	RS discureparer :	iss this	return elow?
	Sign	ature of officer or trus	steé	Date Title							
Paid Prepa	arer	Print/Type preparer	's name	Preparer's signature		Date		Check I if self-employed	PTIN		
Use (		Firm's name					Fırm's	EIN ▶			
03E (	יוויע	1									

## Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2019

Employer identification number

AMR Foundation for Research and Education 45-5464550 Organization type (check one). Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . . . . Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization

AMR Foundation for Research and Education

45-5464550

AMK FOU	ndation for Research and Education		45-5464550
Part I	Contributors (see instructions). Use duplicate cop	needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	IntegraConnect  501 S Flagler Dr #600  West Palm Beach, FL 33401	\$ 25,000	Person Payroli Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	VF Imagewear  545 Marriott Drive  P.O. Box 140995	\$ 25,000	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	University of Washington 4333 Brooklyn Ave NE, 17th Fl Box 359472 Seattle, WA 98195	\$ 24,750	Person Payroll Noncash  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	ETW  25 S Arizona Ave, Sutie 510  Chandler, AZ 85225	\$ 12,750	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Laerdal Medical  167 Myers Corners Road  Wappingers Falls, NY 12590	\$ 12,000	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Credence Resource Management LLC  17000 Dallas Parkway #204  Dallas, TX 75248	\$ 12,000	Person  Payroll  Noncash  (Complete Part II for noncash contributions)

Name of organization

Employer identification number

AMR Foundation for Research and Education

45<u>-5</u>464550

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
7	ESO  11500 Alterra Parkway  Suite 100 Austin, TX 78758	\$12,000	Person  Payroli  Noncash  (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8	St Anthony Hospital  11600 W 2nd Pl  Lakewood, CO 80228	\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
9	Pozo-Diaz & Pozo, P.A.  9260 Sunset Dr  Miami, FL 33173	\$ 6,000	Person  Payroll  Noncash  (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
10	Stanislau Community Foundation  100 Sycamore Ave  Moedesto, CA 95354	\$5,993	Person  Payroll  Noncash  (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
11	REV Ambulance Group  165 American Way  Jefferson, NC 28640	\$5,800	Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
12	Jones Lange LaSalle  1225 17th St Unit 1900  Denver, CO 80202	\$5,800	Person Payroll Noncash  (Complete Part II for noncash contributions)		

Employer identification number

AMR Foundation for Research and Education 45-5464550 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (d) (a) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution Person Ø 13 Sedgwick Claims Management Services, Inc. Payroll Noncash 5,800 (Complete Part II for noncash contributions) Denver, CO 80223 (b) (c) (a) **Total contributions** Name, address, and ZIP + 4 Type of contribution No. Person  $\square$ 14 Logis Solutions Inc. **Payroll** Noncash 5,800 22605 SE 56th St STE 140 (Complete Part II for noncash contributions) Issaguah, WA 98029 (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 15 Person ablaPWC Payroll 5,800 Noncash 1900 16th Street #1600 (Complete Part II for noncash contributions.) Denver, CO 80202 (a) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 16 Person  $\square$ Airbus Helicopters Payroll Noncash 5,800 2701 N Forum Drive (Complete Part II for noncash contributions) Grand Prairie, TX 75052 (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 ablaPerson 17 Ricoh Americas Corporation Payroll 5,800 Noncash 7245 South Havana St, Suite 300 (Complete Part II for noncash contributions) Centennial, CO 80112 (d) (b) (c) (a) Type of contribution **Total contributions** No. Name, address, and ZIP + 4 Person 7 18 Chubb Insurance Group Payroll Noncash 400 Inverness Pkwy STE 300 5,800 (Complete Part II for noncash contributions) Englewood, CO 80112

Employer identification number

AMR Foundation for Research and Education

45-5464550

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
.19	ANM  304 Inverness Way S #400  Englewood, CO 80112	\$5,800	Person  Payroll  Noncash  (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
20	Deloitte  1400 16th St Mall Suite 330  Denver, CO 80202	\$5,800	Person  Payrofl  Noncash  (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
21	Aon Risk Solutions  1900 16th St  Denver, CO 80202	\$5,800	Person  Payroll  Noncash  (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	Pendrick Capital Partners, LLC  1209 Orange Street  Wilmington, DE 19801	\$5,800	Person  Payroll  Noncash  (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
23	Panasonic 6144 N Panasonic Way Denver, CO 80249	\$5,800	Person  Payroll  Noncash  (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	Lombatdi, Loper & Conant, LLP  1999 Harrison St  Oakland, CA 94612	\$5,000	Person Payroll Noncash  (Complete Part II for noncash contributions)		

Name of organization Employer identification number

AMR Foundation for Research and Education 45-5464550

AMR Foundation for Research and Education Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (c) (d) (b) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person ☑ 25 Halloran Sage LLP  $\Box$ Payroll Noncash 225 Asylum Street (Complete Part II for noncash contributions) Hartford, CT 06103 (d) (a) (b) (c) Total contributions Type of contribution Name, address, and ZIP + 4 No.  $\overline{\mathbf{V}}$ Person 26 Clinton & Clinton Payroll  $\Box$ Noncash 5,000 310 Golden Shore (Complete Part II for noncash contributions) Long Beach, CA 90802 (d) (c) (a) (b) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person abla27 Lowis & Gellen LLP Payroll 5,000 Noncash 175 West Jackson Blvd Suite 950 (Complete Part II for noncash contributions) Chicago, Illinois 60604 (d) (c) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person Payroll Noncash П (Complete Part II for noncash contributions.) (d) (c) (a) (b) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person Payroll  $\Box$ Noncash (Complete Part II for noncash contributions ) (d) (c) (a) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person Payroli Noncash (Complete Part II for noncash contributions)

AMR FOUNDATION FOR	RESEARCH AND EDUCATION	45~5464550
FORM 990-PF	REVENUE	STATEMENT 1
CONTRIBUTIONS, GIFT	S, GRANTS, ETC., RECEIVED	AMOUNT
GRANTS CONTRIBUTIONS		30,743 361,633
TOTAL INCLUDED ON F	ORM 990-PF, PART I, LINE 1(a)	392,376

AMR FOUNDATION FOR F	RESEARCH AND EDUCATION	45-5464550
FORM 990-PF	REVENUE	STATEMENT 2
TAXES		AMOUNT
Payroll Taxes		12,959
TOTAL INCLUDED ON FO	DRM 990-PF, PART I, LINE 18(a)	12,959

AMR FOUNDATION FOR RESEARCH AND EDUCATION	AMR	FOUNDATION	FOR	RESEARCH	AND	EDUCATION
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45-5464550

FORM 990-PF	OPERATION	AND	ADMINISTRATIVE	EXPENSES	STATEMENT 3
OTHER EXPENSES					AMOUNT
Bank Fees					1,947
Consulting					28,866
Fundraising Expenses					77,801
Honorarium					1,500
Insurance					11,362
Office Supplies					52
Phone Expense					647
Postage					918
Software					964
Subscriptions					114

TOTAL INCLUDED ON FORM 990-PF, PART I, LINE 23

124,171

45-5464550

FORM 990-PF SUPPLEMENTARY INFORMATION STATEMENT 4

PURPOSE OF GRANT OR CONTRIBUTION - PART XV, LINE 3(a)

ALL GRANTS WERE DISTRIBUTED FOR THE PURPOSE OF IMPROVING CARDIAC ARREST SURVIVAL IN THESE COMMUNITIES.